

# **CITY OF EUGENE**



## **Benefit Premium Rates**

**Includes information on premium rates for the following programs:**

**Health Insurance  
Life Insurance  
Long-Term Disability  
PERS/OPSRP  
Excess Risk Insurance (Stop Loss)  
Employee Assistance Program**

**City of Eugene**

**Health Insurance Premiums per Month  
(Effective July 1, 2013)**

**Full-time Regular Employees**

**Non-Represented Employees**

<b>Non-Represented</b>				<u>Deduction</u>	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$673.45	\$63.84	\$737.29	\$58.99	<b>\$29.50</b>
Two-Party	\$1,286.07	\$111.93	\$1,398.00	\$111.84	<b>\$55.92</b>
Family	\$1,783.98	\$165.87	\$1,949.85	\$155.99	<b>\$78.00</b>
<u>City Managed Care Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$444.39	\$63.84	\$508.23	\$40.66	<b>\$20.33</b>
Two-Party	\$916.01	\$111.93	\$1,027.94	\$82.24	<b>\$41.12</b>
Family	\$1,334.78	\$165.87	\$1,500.65	\$120.06	<b>\$60.03</b>
<u>City Hybrid Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$406.75	\$63.84	\$470.59	\$18.83	<b>\$9.42</b>
Two-Party	\$838.42	\$111.93	\$950.35	\$38.02	<b>\$19.01</b>
Family	\$1,221.73	\$165.87	\$1,387.60	\$55.51	<b>\$27.76</b>

**IATSE-Represented**

**(International Alliance of Theatrical Stage Employees)**

<b>IATSE-Represented</b>				<u>Deduction</u>	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay</u>
Individual	\$699.02	\$57.53	\$756.56	\$60.53	<b>\$30.27</b>
Two-Party	\$1,334.98	\$100.88	\$1,435.87	\$114.87	<b>\$57.44</b>
Family	\$1,851.80	\$150.81	\$2,002.62	\$160.21	<b>\$80.11</b>
<u>City Managed Care Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$486.66	\$57.53	\$544.20	\$43.54	<b>\$21.77</b>
Two-Party	\$1,003.13	\$100.88	\$1,104.02	\$88.33	<b>\$44.17</b>
Family	\$1,461.74	\$150.81	\$1,612.56	\$129.01	<b>\$64.51</b>
<u>City Hybrid Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$410.01	\$57.53	\$467.55	\$18.71	<b>\$9.36</b>
Two-Party	\$845.14	\$100.88	\$946.03	\$37.85	<b>\$18.93</b>
Family	\$1,231.52	\$150.81	\$1,382.34	\$55.30	<b>\$27.65</b>

**EPEA-Represented**  
(Eugene Police Employees Association)

<b>EPEA-Represented</b>				Deduction	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$690.24	\$62.69	\$752.93	\$20.00	<b>\$10.00</b>
Two-Party	\$1,318.25	\$109.85	\$1,428.11	\$50.00	<b>\$25.00</b>
Family	\$1,828.53	\$163.78	\$1,992.31	\$65.00	<b>\$32.50</b>
 <u>City Managed Care Plan</u>				Deduction	
	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$463.70	\$62.69	\$526.39	\$20.00	<b>\$10.00</b>
Two-Party	\$955.72	\$109.85	\$1,065.58	\$50.00	<b>\$25.00</b>
Family	\$1,392.60	\$163.78	\$1,556.38	\$65.00	<b>\$32.50</b>

**AFSCME-Represented**  
(American Federation of State, County and Municipal Employees)

<b>AFSCME-Represented</b>				Deduction	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay</u>
Individual	\$708.00	\$62.92	\$770.92	<b>1.70% of salary</b>	
Two-Party	\$1,352.09	\$110.22	\$1,462.31	<b>1.70% of salary</b>	
Family	\$1,875.52	\$163.85	\$2,039.37	<b>1.70% of salary</b>	
 <u>City Managed Care Plan</u>				Deduction	
	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$506.81	\$62.92	\$569.73	<b>1.70% of salary</b>	
Two-Party	\$1,041.90	\$110.22	\$1,152.12	<b>1.70% of salary</b>	
Family	\$1,518.50	\$163.85	\$1,682.35	<b>1.70% of salary</b>	

**IAFF-Represented**  
(International Association of Fire Fighters)

<b>IAFF-Represented</b>				Deduction	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$687.58	\$59.79	\$747.37	\$35.00	<b>\$17.50</b>
Two-Party	\$1,314.48	\$104.76	\$1,419.24	\$65.00	<b>\$32.50</b>
Family	\$1,823.25	\$156.00	\$1,979.25	\$90.00	<b>\$45.00</b>
 <u>City Managed Care Plan</u>				Deduction	
	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$514.55	\$59.79	\$574.34	\$28.72	<b>\$14.36</b>
Two-Party	\$1,057.65	\$104.76	\$1,162.41	\$58.13	<b>\$29.07</b>
Family	\$1,541.47	\$156.00	\$1,697.47	\$84.88	<b>\$42.44</b>

## Part-Time Regular, Limited Duration and Recreation Activity Employees and Elected Officials

The grids on the following pages have information on deduction amounts per pay period for Non-represented, AFSCME-, IAFF- & EPEA- Represented employees at different work schedules, as well as for Elected Officials. Amounts taken for health coverage will be considered as pre-tax "reductions" except in the case where the employee requests an after-tax deduction, or where the employee is covering a Domestic Partner who is not a tax dependent.

# **Non-Represented**

## **Regular Part-Time Employee Payroll Reductions**

(Effective July 1, 2013)

1. The payroll deduction for part-time employees electing employee-only coverage is 8% of the premium for the City Health Plan and the City Managed Care Plan, and 4% of the premium for the City Hybrid Plan.
2. Part-time employees opting for dependent coverage pay the cost as a payroll deduction, pro-rated to their standard hours in the payroll system, per the table below.
3. Payroll deductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.
4. Employees may opt-out of coverage with proof of other health insurance.

<b><u>Non-Represented Employee Monthly Med/Dent/Vis Rates:</u></b>			
	<u>City Health Plan</u> (PPO)	<u>City Managed Care Plan</u> (POS)	<u>City Hybrid Plan</u> (POS)
Individual	\$737.29 /mo.	\$508.23 /mo.	\$470.59 /mo.
Two Party	\$1,398.00 /mo.	\$1,027.94 /mo.	\$950.35 /mo.
Family	\$1,949.85 /mo.	\$1,500.65 /mo.	\$1,387.60 /mo.

### **Non-Represented Payroll deductions Per Pay Period:**

<b><u>Work Schedule</u></b>	<b><u>City Health Plan</u></b> (PPO)	<b><u>City Managed Care Plan</u></b> (POS)	<b><u>City Hybrid Plan</u></b> (POS)
<b><u>20 - 23.9 hours/week:</u></b> (50% of premium)			
Individual	\$29.50 /pay period	\$20.33 /pay period	\$9.42 /pay period
Two Party	\$349.50 /pay period	\$256.99 /pay period	\$237.59 /pay period
Family	\$487.46 /pay period	\$375.16 /pay period	\$346.90 /pay period
<b><u>24 - 31.9 hours/week:</u></b> (25% of premium)			
Individual	\$29.50 /pay period	\$20.33 /pay period	\$9.42 /pay period
Two Party	\$174.75 /pay period	\$128.49 /pay period	\$118.79 /pay period
Family	\$243.73 /pay period	\$187.58 /pay period	\$173.45 /pay period
<b><u>32 - 40 hours/week:</u></b> (Same as Full-time)			
Individual	\$29.50 /pay period	\$20.33 /pay period	\$9.42 /pay period
Two Party	\$55.92 /pay period	\$41.12 /pay period	\$19.01 /pay period
Family	\$78.00 /pay period	\$60.03 /pay period	\$27.76 /pay period

# AFSCME-Represented

## Regular Part-Time Employee Payroll Reductions

(Effective July 1, 2013)

Part Time AFSCME-Represented employees working less than 32 hours a week have the following options for health care:

1. The payroll deduction for part-time employees electing employee-only coverage is 1.70% of the employee's salary.
2. Dependent coverage is available. Employee pays the cost of dependent coverage as a payroll deduction, prorated to the employee's standard hours in the payroll system, per the schedule below.
3. Payroll deductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.
4. Employees may opt-out of coverage with proof of other health insurance.

<b><u>AFSCME-Represented Employee Monthly Med/Dent/Vis Rates:</u></b>		
	<b><u>City Health Plan (PPO)</u></b>	<b><u>City Managed Care Plan (POS)</u></b>
Individual	\$770.92 /mo.	\$569.73 /mo.
Two Party	\$1,462.31 /mo.	\$1,152.12 /mo.
Family	\$2,039.37 /mo.	\$1,682.35 /mo.

### **AFSCME-Represented Payroll deductions Per Pay Period:**

<b><u>Work schedule</u></b>	<b><u>City Health Plan (PPO)</u></b>	<b><u>City Managed Care Plan (POS)</u></b>
<b><u>20 - 23.9 hours/week</u></b> (50% of Premium):		
Individual	1.70% of salary /pay period	1.70% of salary /pay period
Two Party	\$365.58 /pay period	\$288.03 /pay period
Family	\$509.85 /pay period	\$420.59 /pay period
<b><u>24 - 31.9 hours/week</u></b> (25% of Premium):		
Individual	1.70% of salary /pay period	1.70% of salary /pay period
Two Party	\$182.79 /pay period	\$144.02 /pay period
Family	\$254.92 /pay period	\$210.30 /pay period
<b><u>32 - 40 hours/week</u></b> (Same as FT Employee):		
Individual	1.70% of salary /pay period	1.70% of salary /pay period
Two Party	1.70% of salary /pay period	1.70% of salary /pay period
Family	1.70% of salary /pay period	1.70% of salary /pay period

# AFSCME-Represented

## Limited Duration and Recreation Activity Employees

### Employee Payroll Reductions:

(Effective July 1, 2013)

Limited Duration and RAE employees have the following options for health care:

1. Employee-only coverage is the same as for full-time employees, and is a payroll deduction of 1.70% of the employee's salary.
2. Limited Duration and RAE employees may cover dependents by paying the entire cost of dependent care coverage (Two-Party or Family coverage less the Individual monthly amount) plus 1.70% of the employee's salary.
3. Payroll deductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.
4. Employees may opt-out of coverage with proof of other health insurance.

<b>AFSCME-Represented Employee Monthly Med/Dent/Vis Rates:</b>		
	<u>City Health Plan (PPO)</u>	<u>City Managed Care Plan (POS)</u>
Individual	\$770.92 /mo.	\$569.73 /mo.
Two Party	\$1,462.31 /mo.	\$1,152.12 /mo.
Family	\$2,039.37 /mo.	\$1,682.35 /mo.

### AFSCME-Represented Limited Duration and Recreation Activity Employees Payroll deductions Per Pay Period:

**NOTE: Add 1.70% of employee salary per pay period to the Two-Party and Family amounts listed below to determine final payroll deduction**

	<u>City Health Plan (PPO)</u>	
Employee-only	1.70% of salary /pay period	
Two-Party	\$345.70 /pay period	plus 1.70% of salary
Family	\$634.23 /pay period	plus 1.70% of salary
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	<u>City Managed Care Plan (POS)</u>	
Employee-only	1.70% of salary /pay period	
Two-Party	\$291.20 /pay period	plus 1.70% of salary
Family	\$556.31 /pay period	plus 1.70% of salary

# EPEA-Represented

## Regular Part-Time Employee Payroll Reductions

(Effective July 1, 2013)

1. The payroll deduction for part-time employees electing employee-only coverage is 5% of the premium up to a \$20.00 monthly maximum.
2. Part-time employees opting for dependent coverage pay a percentage of the premium based on the standard hours they are regularly scheduled to work.
3. Payroll reductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.
4. Employees may opt-out of coverage with proof of other health insurance.

### **EPEA-Represented Employee Monthly Med/Dent/Vis Rates:**

	<u>City Health Plan (PPO)</u>	<u>City Managed Care Plan (POS)</u>
Individual	\$752.93 /mo.	\$526.39 /mo.
Two Party	\$1,428.11 /mo.	\$1,065.58 /mo.
Family	\$1,992.31 /mo.	\$1,556.38 /mo.

### **EPEA-Represented Payroll deductions Per Pay Period:**

(Examples only. Deductions based on the standard hours the employee is regularly scheduled to work.)

<u>Work Schedule</u>	<u>City Health Plan (PPO)</u>	<u>City Managed Care Plan (POS)</u>
<u>20 hours/week</u> (50% of Premium):		
Individual	\$10.00 /pay period	\$10.00 /pay period
Two Party	\$357.03 /pay period	\$266.40 /pay period
Family	\$498.08 /pay period	\$389.10 /pay period
<u>24 hours/week</u> (40% of Premium):		
Individual	\$10.00 /pay period	\$10.00 /pay period
Two Party	\$285.62 /pay period	\$213.12 /pay period
Family	\$398.46 /pay period	\$311.28 /pay period
<u>28 hours/week</u> (30% of Premium):		
Individual	\$10.00 /pay period	\$10.00 /pay period
Two Party	\$214.22 /pay period	\$159.84 /pay period
Family	\$298.85 /pay period	\$233.46 /pay period
<u>30 hours/week</u> (25% of Premium):		
Individual	\$10.00 /pay period	\$10.00 /pay period
Two Party	\$178.51 /pay period	\$133.20 /pay period
Family	\$249.04 /pay period	\$194.55 /pay period
<u>32 hours/week</u> (20% of Premium):		
Individual	\$10.00 /pay period	\$10.00 /pay period
Two Party	\$142.81 /pay period	\$106.56 /pay period
Family	\$199.23 /pay period	\$155.64 /pay period
<u>36 hours/week</u> (10% of Premium):		
Individual	\$10.00 /pay period	\$10.00 /pay period
Two Party	\$71.41 /pay period	\$53.28 /pay period
Family	\$99.62 /pay period	\$77.82 /pay period

# IAFF-Represented

## Regular Part-Time Employee Payroll Reductions

(Effective July 1, 2013)

1. The payroll deduction for part-time employees electing employee-only coverage on the City Health Plan is 5% of the premium up to a \$20 monthly maximum.
2. Part-time employees opting for dependent coverage under the City Health Plan or individual/dependent coverage under the City Managed Care Plan pay the cost of the coverage pro-rated to the hours the employee is regularly scheduled to work.
3. Payroll deductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.
4. Employees may opt-out of coverage with proof of other health insurance.

<b><u>IAFF-Represented Employee Monthly Med/Dent/Vis Rates:</u></b>		
	<u>City Health Plan</u>	<u>City Managed Care Plan</u>
Individual	\$747.37 /mo.	\$574.34 /mo.
Two Party	\$1,419.24 /mo.	\$1,162.41 /mo.
Family	\$1,979.25 /mo.	\$1,697.47 /mo.

### **IAFF-Represented Part-Time Payroll deductions Per Pay Period:**

(Examples only. Actual deductions based on number of hours the employee is regularly scheduled to work.)

<u>Work Schedule</u>	<u>City Health Plan (PPO)</u>	<u>City Managed Care Plan (POS)</u>
<u>20 hours/week</u> (50% of premium):		
Individual	\$10.00 /pay period	\$143.59 /pay period
Two Party	\$354.81 /pay period	\$290.61 /pay period
Family	\$494.82 /pay period	\$424.37 /pay period
<u>28 hours/week</u> (30% of premium):		
Individual	\$10.00 /pay period	\$86.16 /pay period
Two Party	\$212.89 /pay period	\$174.37 /pay period
Family	\$296.89 /pay period	\$254.63 /pay period
<u>32 hours/week</u> (20% of premium):		
Individual	\$10.00 /pay period	\$57.44 /pay period
Two Party	\$141.93 /pay period	\$116.25 /pay period
Family	\$197.93 /pay period	\$169.75 /pay period

# **Elected Officials**

## **Mayor and Council Payroll Reductions**

*(Effective July 1, 2013)*

1. City of Eugene Elected Officials receive a stipend and the option to purchase health insurance through the City. The plan design and costs are based on the Non-Represented employee group.
2. Elected Officials pay the entire cost of their health insurance coverage
3. Payroll deductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.

<b><u>Elected Official Monthly Med/Dent/Vis Rates:</u></b>			
	<u>City Health Plan</u> <u>(PPO)</u>	<u>City Managed Care Plan</u> <u>(POS)</u>	<u>City Hybrid Plan</u> <u>(POS)</u>
Individual	\$737.29 /mo.	\$508.23 /mo.	\$470.59 /mo.
Two Party	\$1,398.00 /mo.	\$1,027.94 /mo.	\$950.35 /mo.
Family	\$1,949.85 /mo.	\$1,500.65 /mo.	\$1,387.60 /mo.

## Other Premiums and Cost Information Effective July 1, 2013

### Life Insurance Premiums (through Standard Insurance Company)

Basic Life Insurance Premium (per \$1,000 of coverage)	\$ .18
Accidental Death & Dismemberment (per \$1,000 of coverage)	\$ .03
Total:	\$ .21

#### Life Benefits:

<u>Group</u>	<u>Amount</u>
IAFF:	1 x annual salary to \$100,000 max (AD&D = additional 1 x salary to \$100,000 max)
EPEA:	2 x annual salary to \$120,000 max (AD&D = additional 2 x salary to \$120,000 max)
AFSCME Regular:	1 x annual salary - \$25,000 min/\$250,000 max (AD&D = additional 1 x salary - \$25,000 min/\$250,000 max)
AFSCME RAE:	Flat \$25,000 amount for basic (AD&D = additional \$25,000 amount)
Non-represented:	1 x annual salary \$25,000 min/\$250,000 max (AD&D = additional 1 x salary to \$25,000 min/\$250,000 max)
IATSE Regular:	Flat \$25,000 amount for basic (AD&D = additional \$25,000 amount)

### Long Term Disability (LTD) Premiums

<u>Group</u>	<u>Premium</u>
AFSCME	.53% of insured payroll (up to \$6,000 monthly salary)
IATSE	.24% of insured payroll (up to \$5,000 monthly salary)
EPEA	.24% of insured payroll (up to \$6,000 monthly salary)
Non-rep	.24% of insured payroll (up to \$12,000 monthly salary)
IAFF	.58% of insured payroll (up to \$6,500 monthly salary)
HAZMAT Team	.30% of insured payroll (up to \$5,000 monthly salary)
LTD Benefit by group:	60% of insured salary up to \$3,600 per month for AFSCME; 60% of insured salary up to \$3,900 per month for IAFF 60% of insured salary up to \$3,000 for IATSE; 60% of insured salary up to \$7,200 for Non-Rep; and 66% of insured salary up to \$3,960 for EPEA

Covers Non-rep, EPEA-, IAFF-, and AFSCME-represented employees working 20 hours/week or more. Covers IATSE-represented as per most recent labor agreement. The Hazmat benefit is 100% of insured salary, up to \$5,000.

### Calculating Premium as Percentage of Salary -- Example

To calculate the premium as a percentage of salary:

Life:	Annual Salary (for EPEA: Annual X 2) / \$1,000 x .21 = monthly premium (monthly premium/monthly salary = % of salary)
LTD:	Monthly salary/100 x .24 (Non-Rep) or .53 (AFSCME) = monthly premium alternate method: salary x .24% (or x .53%) (monthly premium/monthly salary = % of salary)

### Public Employees Retirement System (PERS)/Oregon Public Service Retirement Plan (OPSRP)

City-paid employer contribution:	Actuarially Determined
Employee Contribution into IAP - City-paid (AFSCME, NR, IATSE, EPEA)	6% of earnings
Employee Contribution into IAP - Employee-paid (IAFF)	6% of earnings

### Stoploss Insurance Rates (\$250,000 in Deductible):

City Health Plan (PPO), City Managed Care Plan (POS) and City Hybrid Plan (POS):  
\$68.15 per employee per month

EAP (Employee Assistance Program) through Direction for Employee Assistance:  
Premium is \$3.06 per eligible employee per month